

## General Special Permit / Street Closing / Block Party Request

For Office Use					
Received by:	Date:				
Approved ( ) Denied ( ) By:	Date:				
Requesting Party Notified: Yes ( ) No ( )	Date:				
CC Approved Requests:					
<ul> <li>FM Ambulance</li> <li>Street Department</li> <li>Dispatch</li> <li>Police Supervisor</li> <li>City Traffic Engineer</li> </ul>					
Contact Information					
Name:					
Business / Organization (If Applicable):					
Address:					
Daytime Phone Number:					
Cell Phone Number:	Fax Number:				
Email Addross					

## APPLICATIONS MUST BE SUBMITTED 45 DAYS PRIOR TO EVENT

attending. If the pranimals and/or oth	roposed event is a	a parade,	, you mus	t indicate	e the num	ber of veh	nicles,
Date:					aac a arag	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	αр.
Does your event re	equire a street clo	sing? If	ves, answ	er below			
Street and specific blo							
If you are requesting discourage vehicular City of Fargo Street D	to block a street, two traffic. The requestin	o barricad ng party is	es at each ( responsible	end of the e for makii	block will b ng arranger	e required t	to
Do you need barricad	es at your special ev	ent? Yes (	) No (	)			
<u>History</u>							
Have you ever been o	lenied any permit by	The City	of Fargo du	ring the pa	ast five (5)	years?	
Yes ( ) No ( ) If y	es, give a brief descr	iption of t	he circums	tances:			
Insurance							
The City of Fargo requiparades and/or other expectation of a large deemed necessary by	mobile events utilize number of attende	ing The Ci	ty of Fargo	streets, ev	vents open	to the publ	ic with the
Does your event requ	ire insurance? Yes (	) No (	) If yes, fi	ll out the k	elow infori	mation.	

As a condition of the permit, the applicant shall:

- Procure and maintain insurance, which includes The City of Fargo as named insured or additional named insured.
- This insurance will need to provide the level of coverage that The City of Fargo determines to be necessary and adequate under the circumstances.
- Proof of insurance shall be submitted to The City of Fargo at least ten days prior to the event.

Insurance Company:	
Policy Holder:	
Insurance Company Address:	
Policy Number:	Proof of Insurance submitted? Yes ( ) No ( )
<u>Waiver</u>	
By signing you are verifying you understand	and agree to abide by the bulleted points listed below:

- Requests to close major thoroughfare may not be approved.
- No bands or amplified music will be allowed at block parties.
- The applicant has a copy of the General Special Permit / Street Closing / Block Party Request procedure of The City of Fargo, and is familiar with the conditions and requirements set forth and contained therein.
- The applicant is familiar with the questions, answers and information as now appears in this completed application and that the answers and information are, to the applicant's knowledge, true, correct and complete.
- The applicant, if granted a Special Event Permit, will obey and comply with The City of Fargo Special Event Permit requirements and any amendments which may be made.

I hereby agree to indemnify The City of the permit.	f Fargo from any claims arising from events or activities under
Signature	Date

## Return completed applications to:

The City of Fargo Engineering Department

Mail: 200 3rd Street North, Fargo, ND 58102

Email: feng@FargoND.gov

Fax: 701.241.8101